



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Zero Exposure Newborn Program

2. **Senate Sponsor:** Dana Young

3. **Date of Submission:** 01/09/2018

4. **Project/Program Description:**

Our program identifies & provides immediate wrap-around services to pregnant women in need of substance abuse treatment, thereby increasing the number of healthy, substance free deliveries born in Florida. The Zero Exposure Newborn Program (ZENP) fills in the gap of pregnant women's funding by providing extensive outreach services.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Children and Families

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
250,000		250,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	446,789	49.1%
State (excluding the amount of this request)	213,773	23.5%
Local	0	0.0%
Other	0	0.0%
TOTAL	660,562	72.6 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 910,562

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 5

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		100,000	100,000

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

\$250,000

11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?

Provision of substance abuse services to at least 101 women to increase the number of substance free births.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?

Substance abuse services including Case Management, Outreach, Outpatient, Day Treatment, Residential, Recovery Support and Medication-Assisted Treatment.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		



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<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Substance Abuse Treatment Services to Pregnant Women	250,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		250,000

d. What are the direct services to be provided to citizens by the appropriations project?

Substance Abuse Case Management, Outpatient, Outreach, Day Treatment, Residential, Medication-Assisted Treatment and Recovery Support.

e. Who is the target population served by this project? How many individuals are expected to be served?

Pregnant & Post Partum Substance Using Women (101-200 women)

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

90% of babies will be born substance free as documented in hospital or OBGYN records

g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

Services are only billed for those provided.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

- a. **Name:** Mary Ulrey
- b. **Organization:** DACCO Behavioral Health, Inc.
- c. **Email:** marylynnu@dacco.org
- d. **Phone Number:** (813)384-4200

14. Recipient Contact Information:

- a. **Organization:** DACCO Behavioral Health, Inc.
- b. **County:** Hillsborough
- c. **Organization Type:**
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)



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- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

d. Contact Name: Mary Ulrey

e. E-mail Address: marylynnu@dacco.org

f. Phone Number: (813)384-4200

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: Jan Gorrie

b. Firm: Ballard Partners

c. Email: jan@ballardfl.com

d. Phone Number: (813)334-5288